

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **STANDING FIELD TREATMENT
PROTOCOL PROGRAM**

(PARAMEDIC/MICN)
REFERENCE NO. 813

PURPOSE: To allow approved provider agencies to utilize the Standing Field Treatment Protocols (SFTP) component of the Los Angeles County Treatment Protocols.

AUTHORITY: Health and Safety Code 1798 (a), 1797.218, 1797.220
California Code of Regulations, Title 22, §§100145, 100147(d) and 100402(b)

PRINCIPLES:

1. SFTPs are to be used ONLY by paramedics trained in Los Angeles County SFTPs and employed by an SFTP provider.
2. SFTP paramedics may assess, treat and transport patients utilizing the SFTP component of the Treatment Protocols.
3. Provider agencies utilizing SFTPs must maintain a continuous quality improvement (QI) program approved by the EMS Agency.

POLICY:

I. Application Process

- A. Submit a complete application packet to the EMS Agency for authorization. The application instructions are available at http://file.lacounty.gov/dhs/cms1_218368.pdf in the Prehospital Care Operations Section. The packet should contain, at minimum:

1. The proposed implementation date
2. Initial SFTP training schedule
3. Protocols to be utilized
4. The name of the physician that will provide program oversight
5. The name of the nurse educator affiliated with the program

II. EMS Agency Responsibilities

- A. The EMS Agency Medical Director shall, in consultation with the SFTP provider agencies, develop and approve specific SFTPs consistent with State and County regulations, statutes, and standards for utilization by paramedics.
- B. Provide standardized SFTP training materials and updates.
- C. Approve the provider agency's QI process specific to SFTPs.
- D. Maintain a countywide QI program that addresses the utilization and evaluation of SFTPs used by provider agencies.

EFFECTIVE: 3-31-97

REVISED: 2-28-15

SUPERSEDES: 08-01-12

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

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- E. Provide systemwide reports with pertinent SFTP data.
- F. Determine provider agencies ongoing ability to utilize SFTPs.
- G. Conduct additional program monitoring oversight for providers that utilize the EMS Agency Medical Director for direct program oversight.

III. Provider Agency Responsibilities

- A. Submit a department-specific SFTP policy that addresses, at minimum, the following:

1. Paramedic Staffing

- a. At least one of the paramedics assigned to the ALS unit will have a minimum of one (1) year of ALS experience as a paramedic.
- b. Each paramedic staffing the unit must have received the standardized SFTP orientation/training program.

2. Training

- a. Develop a mechanism to ensure that only paramedics who have received the initial SFTP training are utilizing SFTPs.
- b. Ensure that the most recent changes to SFTP training and any recent mandatory training are included.

3. Quality Improvement

- a. Describe how SFTP QI will be incorporated into the departmental QI plan.
- b. Participate in systemwide SFTP QI by submitting quarterly reports to the EMS Agency that summarize the department's quality indicator findings.
- c. Develop a mechanism to ensure that personnel utilize only SFTPs approved and authorized by the EMS Agency Medical Director and adhere to all policies and procedures regarding SFTPs.

4. Hospital Communication

- a. Describe the mechanism that will be used to determine hospital diversion status.
- b. Describe the primary and back-up methods that will be used to notify hospitals of patient arrival.

B. Record Retention

1. New SFTP providers shall submit training rosters that document paramedics who have completed the initial SFTP education.
2. Providers shall retain all SFTP training rosters (initial and any updates).

C. Base Hospital Contact Shall Be Established if:

1. Indicated by the Treatment Protocol.
2. If a patient has a chief complaint, or exhibits signs and symptoms not covered by the SFTP component of the Treatment Protocols and patient acuity indicates the potential need for ALS intervention.
3. Paramedics have administered all the treatments indicated in the protocol and the patient requires further treatment.
4. Consultation with the base hospital would be helpful.

CROSS REFERENCE:Prehospital Care Manual:

Ref. No. 806.1 **Procedures Prior to Base Hospital Contact, Field Reference**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 513, **ST Elevation Myocardial Infarction Patient Destination**
Ref. No. 521, **Stroke Patient Destination**
Ref. No. 620 **EMS Quality Improvement Program**
Ref. No. 504 **Trauma Patient Destination**
Ref. No. 506 **Trauma Triage**
Ref. No. 510 **Pediatric Patient Destination**
Ref. No. 511 **Perinatal Patient Destination**
Ref. No. 512 **Burn Patient Destination**
Ref. No. 521 **Stroke Patient Destination**
Section 1200, **Los Angeles County Treatment Protocols**